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Title: EFFECTIVE RESEARCH WITHOUT WALLS – REFLECTIONS ON AN INTERNATIONAL PARTNERSHIP

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Key Words

International; collaborative; wound care; nurse; research

Abstract

The growth in international research collaboration is a substantial change from the research picture some time ago. Research 'without walls' is now a reality within the grasp of many nurse clinicians and researchers alike. The need to promote evidence and research based practice in the area of wound care is significant with communication being the 'key' to the success of research teams. The example we present here is of nurses working together on research in wound care. The paper profiles the strategies used in the development and facilitation of research in this important area of nursing care. This collaboration has culminated in a larger scale study anticipated to be conducted over 3 countries resulting in more networks being developed, truly opening up the internationalisation nursing research potential.

Introduction

Effective and evidence based management of acute and chronic wounds is a care intervention that is practised internationally. There is a plethora of research and evidence that support interventions and a range of national and international guidance that assist practitioners in planning, implementing and evaluating care delivered. As such health care professionals internationally need to collaborate with one another to improve and develop patient care ensuring that the patients' journey is based on the best available evidence. Despite the guidance for promoting best practice in wound care and maintaining skin integrity "An estimated one in ten patients is harmed while receiving hospital care in developed countries with a much higher rate being assumed in developing countries" (Storr, 2009, p. 145). Furthermore it has been approximated that up to 50% of morbidity and mortality rates could be avoided through improved patient safety in developing and developed countries (World Health Organisation, 2008). With the global nature of nursing, nurses can work together to develop practice and guidance for improvements to patient care. This clearly identifies that there is a need for healthcare practitioners to work together to improve the patient experience and improve patient outcomes. The discussion surrounding working collaboratively and internationally is not limited to clinical practitioners with (Weber, 2007), arguing that universities should embrace international activities that would project openness to the world of their processes, structures, activities and results which would influence decision making using international information. The development of social media, video conferencing, SKYPE and other forms of virtual communication allows for practitioners and researchers to share best practice and generate research that can be applied globally.

Australia's response to the increasing globalisation of research, has resulted in an international strategy being formed. This strategy is a commitment to creating and enhancing international opportunities developed by a leading research peak body (ARC, 2011). Similarly, in the UK, international research alliances are a rapidly growing area and co-authorship of publications are the most likely indicator of successful partnerships; the United Kingdom (UK) is similar to the USA, Canada and Australia in having a well-developed research base (Adams, Gurney, & Marshall, 2007). This growth in internationalisation of knowledge is a substantial change from the research picture some 10 years ago where

there was little evidence of cross fertilisation of the sharing of knowledge. The benefits of working internationally in health research and translation to practice activities for nurses include; opportunities for funding, and greater access to resources and the blending of expertise in nursing care from the perspective of the clinical and academic settings. In the evidence base many reasons have been suggested for research collaboration, including access to knowledge, cross fertilisation across organisations and across disciplines, visibility, concentration of knowledge and skills, increased access to potential research for higher degree students, maximising specialisation and increasing productivity (Heller & Michelassi, 2012; Melin, 2000; van Rijnsoever & Hessels, 2011). This paper articulates a systematic approach to initiating and sustaining an international nursing research collaboration and provides a real world example of this in action. The real world example offered exists between nurse academics based at one University in the UK and one in Australia.

The costs of wound management

The economic and social impact of wounds on an individual, the health service and society are important considerations when balancing both economic and social cost : benefit of collaborations to advance practice and knowledge have been explored by (Posnett, Gottrup, Lundgren, & Saal, 2009) who argued that this area of patient care deserves investigation into effective means of improving outcomes. The cost of wound care is noteworthy, with Posnett and Franks (2008) estimating annual spending on wound care to the NHS as being £2.3bn and £3.1billion a year (2005-2006 prices). The Department of Health [DH] in England, (2009a) approximated that an average district general hospital spends between £600,000 to £3 million each year on treating pressure ulcers and that this figure needs to be reduced. (Posnett & Franks, 2008) calculating that two hundred thousand people in the UK had a chronic wound with an estimated cost of treatment being £2.3–3.1 billion per year.

In the USA it is estimated that wound management costs the health service in excess of \$50 billion per year (Driver, Fabbi, Lavery, & Gibbons, 2010; Gordon, Gottschlich, Helvig, Marvin, & Richard, 2004; Hess, 2004) in Australia the cost of wound care to the health service has been estimated to be \$2.6Billion a year with this being the second most frequently billed item in general practice (Wound Management Innovation Co-operative Research Centre, 2010).

The need to promote evidence and research based practice in this area of nursing care is significant in the context of costs to the community, the patient/service user, their carers, and to health care organisations. The importance of promoting international research in

wound care have been discussed by Cowman et al (2012). The analysis of an international e-Delphi study identified research and education priorities in wound management and tissue repair. These authors argued that wound care research was essential to build evidence-based practice and was fundamental to development of quality in standards of practice (Cowman, et al., 2012). In recognition of wound care being a specialist area of practice there has been an emergence of organisations whose aim is to develop research and evidence relating to wound care to improve care interventions through partnering with patients. These include, but are not limited to, the Wound Management Innovation Cooperative Research Centre (WMI CRC) funded by the Australian Government's Cooperative Research Centre Program which has a consortium of 22 participants. The philosophical approach is to develop cross-organisational and inter-disciplinary projects (Prowse & Upton, 2012). Other organisations include the Wound Management Association of Ireland, European Wound Management Association, the Australian Wound Management Association, the European Pressure Ulcer Advisory Panel, the Tissue Viability Society (UK), the World Union of Wound Healing Societies and the National Pressure Ulcer Advisory Panel.

Development of international partnerships for nursing research

While international collaborations are complex and can be delicate they are important in answering key clinical and practice questions. Locating researchers that share a specialist interest or expertise can be the first challenge therefore introductions are the first point of any association. An introduction to a potential partner in research can be achieved through several means: email by a third party, at a professional conference, through a mutual colleague or at local seminars where an international researcher is presenting. The notion of cooperation and collaboration has been the subject of some debate due to differing understandings of the terms. Burton et al (1997) and Brna and Burtoon (1997) suggested within a collaborative state there can be processes that are cooperative (such as the division of labour), where in a collaboration each party maintains their own viewpoints while working together to a shared goal rather than a shared conception of the topic under examination. Research in nursing is increasingly performed in teams and despite this increase towards team based research, little discussion has occurred related to systematically involving nurses in research teams. While research collaboration on an

individual and team basis within and across disciplines has become the norm in science (Bozeman, Fay, & Slade, 2013), in nursing these collaborations are only just starting to emerge. International nursing research collaborations are now occurring more and more and are a dynamic and interactive process which can be supported with technology and other forms of communication (Vosit-Steller, Morse, & Mitrea, 2011).

Developing effective communication strategies

Communication is central to the success of international research teams in nursing. Communications strategies need to suit the team and have clarity related to;

- Regularity of team meetings
- Planned times and duration of meetings - these need to be agreed especially if there are significant time zone differences, for example, 8am Tuesday in the UK may be 10 pm Tuesday in Australia
- Medium by which communication will be undertaken - SKYPE, videoconference, tele conference, e mail
- Organisation and facilitation of meetings – clear identification of which member of the team will be responsible for this is required at an early stage

Professional relationships work better when effective strategies are in place to manage conflicts that can arise, these can be managed through the use of partnership agreements and/or memorandums agreed and signed by all the institutions working together. These agreements identify the needs of the affiliation, state the purpose of the joint venture, areas of interest and agree intellectual property rights for each party. Once communication processes have been developed and are accessible and affordable to all, a strategic direction needs to be developed between all parties and subsequently agreed to.

Coordinating a collaboration

The coordinating role can change between partners and is generally determined upon conception of the idea, for example, role in funding applications (the principal researcher for some funding applications needs to be located in the country where the funding source

is located), track record of publications and grant capture in the given area and experience of undertaking the principal investigator role. In this example between the UK and Australia three stages for the research were identified. The first stage was to identify the gap in the evidence base through a systematic review of the literature, after which a pilot study was developed culminating in a larger scale study. The larger scale study is anticipated to be conducted over 3 countries resulting in more networks being developed, truly opening up the internationalisation nursing research potential

Profiling a Successful International Nursing Research Collaboration - A real world experience

The example we present here is of nurses working together on research in wound care. In reality these researchers are from quite diverse health specialities (one from wound care and the other specialised in physical and mental co-morbidity), however a common interest was found and related to patient centred care, minimising harm, partnering with consumers and investigating and exploring evidence based wound management. In this successful research collaboration these nurses have undertaken research into a previously unreported area of nursing care practice, that of resilience for patients with acute wounds and implications of this for patient care. Results of a systematic literature review focussed on physical and psychological morbidity and patient and family care giver resilience following acute wound development (Ousey et al., 2013), revealed two hundred and seventy five potential records for inclusion in the review, following full review none of the studies were included due to inappropriate study design, not in the inclusion criteria of the review or not focussed on patient and family carer perspectives following acute wound development.

Being at opposite ends of the world including significant differences in time zones were potential barriers to communication, however the nurse academics identified common goals, defined projects and arranged responsibility for defined activities for the project. Effective communication was achieved via regular email and SKYPE meetings.

A central consideration when developing international relationships is that staff are not deterred by distance, and should remember that any communication may need to be embarked upon outside of normal working hours and at weekends. While this is an important consideration when balancing work and life priorities, meetings that are guided

by an agenda and designed for short periods (i.e. 30 minutes duration) can help mitigate this potential barrier. Early discussions at these meetings identified healthcare priorities of each country to ensure that any protocols reflected the needs of each research partner. It was interesting that there were subtle differences between the two countries that required attention, these included a difference in ethical application processes and access healthcare funding, where potential bids needed to be medically rather than nurse led.

In this nurse-led research association potential ideas were identified for further exploration and were discussed including the opportunities that existed in regards to funding, building capacity, utilising the team expertise to present lectures should they travel overseas, potential conference presentations and publications. Mapping a time line and key result areas for the partnership was a significant step towards having a clear focus. Agreements were developed to assist with transparency across a number of domains such as; intellectual property, financial responsibilities, confidentiality, use of brands, roles within the partnership, and clarifying the basis for the collaborative partnership. It is important to remember that a significant amount of developing effective partnerships is based upon good will and trust.

The Research Project

The gap in knowledge and practice identified by the academic researchers related to the lack of exploration of physical and psychosocial morbidity and resilience in patients who had a non-infected acute surgical wound. The researchers undertook a systematic review of the literature and at this stage invited a Cochrane reviewer to be an integral member of the collaboration, to highlight that there was a clinical need to investigate this area in more detail. The review revealed that there were no papers written that focussed on this area; as such the researchers published the review for dissemination in an international wound care journal to inform other academics, practitioners and clinicians of their findings and to add to the body of knowledge. Results of this review have provided background information and clear identification of a clinical need to develop and embark on a pilot study in this under-researched area of care (Ousey, Edward, & Lui, 2013). It was interesting to note that there were a range of research papers exploring the concept of wellbeing in patients with chronic

or infected wounds, yet there were none for patients discharged home with an acute non-infected wound.

Continuing the partnership

The next stage of the research was to undertake a pilot study that examined how patients and families/carers develop resilience when managing an acute wound on discharge to the community. The research team have continued to hold regular meetings, virtually, via SKYPE to plan and write the protocol and have employed a research fellow to facilitate the data collection. The partnership continues to thrive and expand exemplifying that distance or indeed time differences are not a barrier to international collaboration. Since the partnership between the UK and Australia was forged there is now a third country involved, Norway, who following the pilot project will be involved in applying for funding and subsequent data to commence a large scale project examining and exploring resilience for patients discharged to the community with a surgical wound.

Applying for funding

This partnership is highlighting that although healthcare may be financed and delivered slightly differently across the world, the importance of investigating and improving quality of life indicators for the patient and their families/carers is essential in improving the patient journey on a global scale.

Seeking funding has been a focus for supporting this collaboration. Funding sources for such a collaboration is doubled essentially when you have two countries involved. The funding sources for this collaboration in the pilot phase have focused on local need in regards to funding source scope. For the larger 3 country study nationally focussed funding with a focus on international collaborations becomes a real option and is the target for further funding applications.

Developing future research active staff

Consideration needs to include mentoring early career research healthcare professionals and providing opportunities for higher degree students. In embarking on this course the

collaboration is seeking answers to important clinical questions and also facilitating building capacity in nursing for this complex clinical group. It is anticipated that there will be opportunities for students to embark on higher degree courses exploring this area and will be able to access supervision from academics internationally. This will allow for a transfer of new knowledge globally and will promote an international investigation of issues that affect patients with a non infected wound.

Summary

Wound care is an area of clinical practice and research that lends itself to international collaboration. As nurses and researchers our duty of care relates to interventions that cause no harm, international nurse led research should and can promote equity of care, with no boundaries for patients in the area under investigation. International partnerships can encourage sharing of best practice and development of techniques, skills and knowledge that advances safe and effective clinical interventions across distances and without walls. The wound example provided here relates to a real world example of a successful partnership, however this systematic approach used to describe the process used by these nurses can be translated to any clinical context and relate to any clinical question.

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